



City of El Cajon

**FY 2023-2024
Community Development Block Grant
(CDBG) Program and HOME Investment
Partnerships Act (HOME)**

CDBG and HOME APPLICATION

Applications Available – November 21, 2022

Applications Due – December 21, 2022, 5:00 pm

Community Development - Housing Division
200 Civic Center Way
El Cajon, California 92020

This application is to be used to seek funding for community development and housing activities located in and/or primarily serving residents of the City of El Cajon. Only eligible project and program applications will be forwarded to the City Council for final review and determination of which projects receive FY 2023-2024 CDBG and HOME funding. Guidelines for eligibility of projects and applicants and CDBG and HOME Program requirements are set forth in the FY 2023-2024 CDBG and HOME Program Guidelines found at www.elcajon.gov/housing. Applicants are responsible for reviewing and incorporating all requirements set forth in the CDBG/HOME Notice of Funding Availability.

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) and HOME Investment Partnerships Act (HOME) Programs

The CDBG program, funded by the U.S. Department of Housing and Urban Development (HUD), provides annual grants on a formula basis to entitlement cities and counties, including the City of El Cajon. The statutory primary objectives of the CDBG program are to develop viable urban communities by providing decent housing, a suitable living environment, and by expanding economic opportunities, principally for low and moderate-income persons.

The HOME program, funded by the U.S. Department of Housing and Urban Development (HUD), provides annual grants on a formula basis to entitlement cities and counties, including the City of El Cajon. The statutory primary objectives of the HOME program are to fund a wide range of activities including building, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income people.

This application is for projects and programs seeking funding during the fiscal year that begins on **July 1, 2023**. The specific amount of funding to be received from HUD for FY 2023-2024 has not yet been decided by Congress. However, the current state of the national economy will most likely have an impact on the final funding levels.

CDBG

In FY 2023-2024, the City anticipates receiving approximately \$1,219,861 in CDBG entitlement funds. Of that amount, a maximum of 15% of the total allocation (approximately \$182,979) may be made available for public services programs and projects and a maximum of 20% (approximately \$243,972) will be made available for planning and administrative costs. The remainder (approximately \$792,909) will be for public facilities/capital improvement projects.

Organizations may apply for the following types of CDBG programs and projects:

- 1) Public Facilities/Capital Improvement projects (approx. \$792,909 available); or
- 2) Public Services projects and programs (approx. \$182,979 available).

HOME

In FY 2023-2024, the City anticipates receiving approximately \$665,010 in HOME entitlement funds. Of that amount, a minimum of 15% of the total allocation (approximately \$99,751) must be made available for Community Development Housing Organizations. The City will set aside a maximum of 10% (approximately \$66,501) to cover the costs to oversee the HOME entitlement. An additional \$2,365,757 is also available for a HOME project.

Organizations may apply for the following types of HOME programs and projects:

- 1) Production of Affordable Housing (approx. \$2,365,757 available)

THIS APPLICATION IS TO BE USED BY AGENCIES APPLYING FOR PUBLIC SERVICES, PUBLIC FACILITIES/CAPITAL IMPROVEMENT PROGRAMS AND ACTIVITIES ONLY. If you are applying for HOME funds, please email Jose Dorado, Housing Manager, at jdorado@elcajon.gov or call 1-619-441-1786 to request an application.

Electronic versions of this Application and the FY 2023-2024 CDBG Program Guidelines can be downloaded from the City of El Cajon's website at www.elcajon.gov/housing. Electronic versions of the Application(s) and Guidelines may also be obtained via e-mail by calling (619) 441-1710 or by e-mailing a request to housing@elcajon.gov.

APPLICATIONS MUST BE RECEIVED BEFORE: 5:00 PM, WEDNESDAY, DEC. 21, 2022.

The CDBG and HOME program staff is available to provide technical assistance in determining project/program/applicant eligibility and to ensure proposed projects are in compliance with the CDBG National Objectives and other regulations established by HUD. Staff cannot provide assistance in developing a program or writing the Application.

Technical assistance is available from 7:30 am to 5:30 pm Monday through Thursday, and from 8:00 am to 5:00 pm on alternating Fridays. Please call (619) 441-1710 or email housing@elcajon.gov for assistance by telephone.

SPECIFIC APPLICATION INSTRUCTIONS

- ☐ **DEADLINE:** Completed applications and all required attachments must be received by the City of El Cajon, Project Assistance Center, 200 Civic Center Way, First Floor, El Cajon, CA 92020 by 5:00 p.m. December 21, 2022.
- ☐ **NEW METHOD OF DELIVERY:** Completed applications and attachments may be submitted by:
 - **Email Submission:** Completed application and all required attachments may be scanned into one pdf* only, and submitted via email to housing@elcajon.gov. **The email and pdf attachment must be received by the City by 5:00 p.m. December 21, 2022.**

The City is not responsible for emails not received. We recommend you call (619) 441-1710 to confirm the City's receipt of the application prior to the deadline. (*If the email is undeliverable because file size is too large, the City will allow a maximum of no more than **two pdfs** in total. If file sizes continue to be too large, the application and materials must be printed and delivered to the City of El Cajon, Project Assistance Center, First Floor, 200 Civic Center Way, El Cajon, CA 92020 **prior to the deadline** as outlined above.)

- ☐ **NEW NUMBER OF COPIES:** For email submission, submit one scanned pdf* copy of signed application and all required attachments. (*if file size is too large, maximum of two pdfs, as outlined above or the original application and a copy of materials must be delivered if file size continues to be too large, as outlined above).
- ☐ **BINDING:** If a printed submission is required, it should be unbound (only rubberbands, paperclips or removable binder clips are acceptable). Staples or other binding materials will not be accepted. Emailed Submission must be one scanned pdf* (max of two as outlined above).
- ☐ **FORMAT:** Application must be submitted in typed format. All pages must be 8-1/2 by 11.
- ☐ **AUTHORIZATIONS:** Authorization of the Agency's Governing Board to 1) submit an application and 2) designating the authorized official, must be attached (see Checklist below). This Application must be signed by the designated authorized official.
- ☐ **MISSING INFORMATION:** Applications which are missing any of the above information will be deemed "incomplete" and may not be considered. The City reserves the right to request clarification or additional information deemed necessary in order to make its determination of eligibility.
- ☐ **MULTIPLE ACTIVITIES:** Develop a separate Application if requesting funding for multiple programs or if the program contains both Public Service and Public Facilities/Capital Improvement components. Careful attention should be given to completing each question asked and attaching additional documentation when requested.
- ☐ **SEPARATION OF COSTS:** Due to the limited amount of funding, if your project can be broken into separate activities or phases, please provide estimates that separate the costs in a similar manner. This is important in the event that your project receives a lesser amount than what was requested.

APPLICATION SUBMISSION REQUIREMENTS CHECKLIST

A complete application includes the following items, in the sequence below. If submitting an electronic pdf, please submit only one complete pdf in the order below.

✓	# copies	Item
	1 Orig	Application for CDBG Funds (Parts I through VI)
	1	Request for NEPA Review for Capital Improvement Projects (Attachment B <u>required</u>)
	1	Proposed Budget (Table A <u>required</u> , and Table B <u>if applicable</u>)
	1	A summary of the Agency's Current Year Operating Budget
	1	Current Board of Directors list – including names and addresses
	1	Board of Directors' Authorization to Submit Application – submit documentation from the Board of Directors authorizing submission of the application. (Copy of Board minutes and/or Board resolution)
	1	Board of Directors' Designation of Authorized Official – submit documentation from the Board of Directors designating the representative of the agency to negotiate for contractually bind the agency. (Letter or copy of Board minutes and/or Board resolution)
	1	Organizational Chart
	1	Resume of Program Administrator
	1	Resume of Fiscal Officer
	1	Conflict of Interest Statement - please identify any member, officer, or employee of your organization who is an officer or employee of the City, a member of any of its boards, commissions, or committees, or has any interest or holding which could be affected by any actions taken in execution of this application.
	1	Financial Statement and most recent Audit
	1	Articles of Incorporation and Bylaws
	1	State and Federal Tax Exemption Determination Letters
	1	Most recent IRS Form 990 for non-profit organizations
	1	Proof of Current City of El Cajon Business License
	1	SAMS Registry

FY 2023-2024 CDBG APPLICATION/PROPOSAL

(FY 2023-2024 CDBG NOFA is available at www.elcajon.gov/housing)

PART I – APPLICATION SUMMARY

1. Proposed Project/Program Title:

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2. Legal Name of Agency (Applicant):

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3. Mailing Address:

City:

Zip:

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4. Primary Contact Person:

Title:

Phone:

Email:

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Secondary Contact Person:

Title:

Phone:

Email:

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5. Agency Description:

Faith-Based Organization:	<input type="checkbox"/> Yes <input type="checkbox"/> No
501(c)3 Non-Profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year Incorporated:	
Agency Tax ID Number:	
Agency DUNS Number:	

6. FY 2023-2024 CDBG Funding Request:

Total Project Cost:	\$
Less Other Funding Sources (List below):	<\$
	<\$
	<\$
	<\$
Total 2023-2024 CDBG Funding Requested:	\$

7. Project/Program Site Address(es):

Census Tract (if known):

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- 8. Applicant Certification:** To the best of my knowledge and belief, the information contained in this application is true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant will comply with all assurances, Federal, State, and Local laws and regulations if funding is approved.

Agency's Authorized Official (please print): _____

Authorized Official's Title: _____

Signature/Date: _____

For staff use only:	
Meets National Objective? _____ (specify)	Meets a Con Plan Goal? _____ (specify)
Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligibility Citation: _____ (specify)

PART II –PROJECT PROPOSAL

9. **Statement of Problem/Need:** Briefly describe the problem or need that the proposed activity is intended to address.

10. **Project Description:** a) Briefly describe the proposed program or project (including work to be performed, activities to be undertaken, and/or services to be provided), and b) describe specifically how the requested CDBG funds will be used.

11. **Target Population:** 1) Describe the Target Population (who will be served by this program) in the grant year (NOTE: All programs and projects funded with CDBG funds must benefit primarily LMI individuals and families), 2) state the number of unduplicated clients who are expected to be served by your program in the grant year, 3) state the number of those served who are expected to be low/moderate-income, and 4) state the number of those served who will be residents of El Cajon.

12. **Documenting Beneficiaries:** Documentation of benefit to low/moderate-income persons is required for all funded projects. **Choose either (a) or (b), as applicable.**

- a) ☐ **Area Benefit:** *At least 51% of residents within the targeted activity area are low to moderate income (LMI). If your project serves all the residents of a defined service area, such as projects related to a community center/public facility or a fire station, describe the boundaries of the service area. ***REQUIRED: Please **provide a map** identifying the Census Tracts designated as LMI including the project location and draw lines on the map outlining the boundaries of the geographic area served. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding****

- b) ☐ **Limited Clientele:** If your project serves at least 51% of clientele that is LMI or a Presumed Benefit Special Needs Group (**select benefit group from list below**), describe the method or procedure (Intake Process) you will use for collecting required demographic data, including race, ethnicity, income characteristics, household size, etc. *****REQUIRED: Attach a sample copy of your Intake form(s) or questionnaire that captures the required data*****

<input type="checkbox"/> <i>Abused children</i>
<input type="checkbox"/> <i>Elderly persons 62 years or older (must maintain documentation of age eligibility)</i>
<input type="checkbox"/> <i>Battered spouses</i>
<input type="checkbox"/> <i>Severely disabled (Per census definition. Must maintain proof documentation)</i>
<input type="checkbox"/> <i>Persons living with HIV/AIDS</i>
<input type="checkbox"/> <i>Migrant farm workers</i>
<input type="checkbox"/> <i>Homeless persons (must meet HUD definitions)</i>

- 13. Performance Measures:** List a minimum of **three** outcomes for each **individual service** you are providing as part of your program/project. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome. If your project is funded, these goals and objectives will become a part of an Agreement with the City and will be used to measure your project's performance.

Outcomes	Number of Proposed Beneficiaries	Method of Data Collection
1.		
2.		
3.		

14. **Timeline:** Describe a) the detailed project implementation and completion timeline, and b) indicate if your program/project can be completed by June 30th, 2024. If your project is funded, these goals and objectives will become a part of an Agreement with the City and will be used to measure your project's performance.
****CDBG Public Service requests must be limited to activities that can be implemented, completed, and CDBG funds expended by June 30th of the fiscal year of the award (funds do not rollover to new fiscal year). CDBG Public Facilities/Capital Improvement requests must be limited to activities that can be implemented, completed, and CDBG funds expended no later than 18 months from the start of the fiscal year of the award (funds may roll over for no later than 6 months into new fiscal year).**

15. **If applying for funds to purchase equipment or any capital item, include justification of the purchase to the operation of your program.** The purchase of equipment is generally not allowed, with certain exceptions. Please describe your justification for the need for equipment with this funding source.

16. **Site Control:** Is the Program Site Address owned by Applicant? ☐ Yes ☐ No

If the program will be offered at a location owned or managed by another agency, describe and prove that the site is firmly committed for this project. *****REQUIRED: Attach evidence of site control (i.e., grant deed, lease or rental agreement)*****

17. **ADA Accessibility:** The Americans with Disabilities Act (ADA), State Title 24, and the Fair Housing Act prohibit discrimination based on disability. Please be advised and acknowledge in the space provide below that your project will be reviewed for compliance with federal and state laws as they relate to accessibility.

18. **Licensing / Fingerprinting:** List any and all licenses required to carry out this project and whether the license has been approved or is pending. For further information about childcare licensing, contact CA Department of Social Services, Community Care Licensing Division at (916) 651-6040 or <https://www.cdss.ca.gov/inforesources/child-care-licensing>. CDBG-funded staff working with children or physically or developmentally disabled people must be fingerprinted. This is an eligible CDBG cost and should be reflected in the budget. Contact Global Livescan at Postal Center Plus at (619) 593-9993, 772 Jamacha Road, El Cajon, CA 92019.

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19. **Environmental Review Requirements:** *****REQUIRED:** Complete and submit a request for NEPA review for Capital Improvement Projects (Attachment B)

PART III - PROJECT BUDGET

20. Complete and submit a complete Program Budget (Table A **REQUIRED**), and Personnel Schedule (Table B if applicable). *Submit federally approved indirect cost allocation plan if using de minimus indirect rate*
21. For each line item in the proposed project budget (Table A required and Table B if applicable), provide narrative here explaining each line item, and describe specifically how the requested CDBG funds will be used. In addition, describe how the project will be fully funded.
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22. **Leveraged Funds:** If the program contains other non-CDBG resources that will be used to carry out the program, please list them here and on the **Table A**. Indicate whether matching funds are firmly committed to the program.
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23. **Collaboration With Other Agencies:** If the program is a collaborative effort with other existing programs, services or agencies, explain the partnership(s) and what resources each of the partners bring. If a partnership is proposed, explain how you will engage the partner(s).
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PART IV - AGENCY INFORMATION

24. Background:

- A. Describe your **agency's overall mission and purpose**.

- B. Briefly describe the **background** of your agency, including the length of time your agency has been in operation, the date of incorporation, and the type of corporation.

- C. Describe the **type of services provided by your agency**, and include the number and characteristics of **all clients** served by the agency.

- D. **Attach a current Organizational Chart and list of current Board of Directors.**

25. Qualifications:

- A. Describe your agency's **capabilities of developing, implementing and administering the proposed project**.

- B. Describe **who in your agency** will undertake responsibility for project management and compliance, and describe that person's experience. *****REQUIRED: Attach the Resume of the responsible program/project manager or administrator*****

- C. Describe the intended staffing pattern for this proposed project or program, existing staff positions and qualifications (if applicable), and describe experience of program staff.

26. Financial:

- A. Describe your agency's current overall operating budget, itemizing revenues and expenses.
*****REQUIRED: Attach a copy of your agency's Current Year Operating Budget*****

- B. Describe/list your agency's sources of funding.

- C. Describe your agency's fiscal management system including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

27. Program Procedures:

- A. Your organization must have programmatic **Policies and Procedures** in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. ****In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures.**** (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).

i.	Do the Policies and Procedures set out the process for determining the eligibility of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	
ii.	Do the Policies and Procedures Set out the process for determining the number of eligible persons in the applicant(s)'s family?	
iii.	Do the Policies and Procedures identify the process for determining income eligibility of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none">• Does it specify which income method is being used (Part 5 or 1040 method).• Does it specify how information on the income status of participants is being requested, updated or properly assessed?	
iv.	Do the Policies and Procedures specify the record keeping requirements, as stated in 24 CFR Part §570.506?	
v.	For Presumed Benefit Activities: <ul style="list-style-type: none">• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]	
vi.	For Limited Clientele Activities: Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	
vii.	For Limited Benefit Activities by Nature and Location: Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	
viii.	Do the Policies and Procedures include how data is collected on Race and Ethnicity on the applicant, per HUD requirements for the Community Development Block Grant Program?	
ix.	Do the Policies and Procedures identify the process for submitting quarterly reports to the City of El Cajon?	
x.	Do the Policies and Procedures identify the process of safeguarding client information ?	
xi.	Do the Policies and Procedures identify the process for File Management ?	

PART V - TRACK RECORD / CAPABILITY

28. Agency Performance History:

Provide information on the two most recent CDBG-funded project/programs (City of El Cajon or other agency) administered by your agency. If you have never received a CDBG grant, list other, similar recent programs which show your agency's **grant management experience**. Complete all fields or write N/A for not applicable.

A. Project Administered By Your Organization:

Project/Program Name:

Project/Program Address:

El Cajon CDBG Funded? Yes ☐ No ☐ List other funder(s):

Year Funded: Award Amount: \$

Contract Expiration Date:

Performance Reports and
Monthly Billing Up to Date?
Yes ☐ No ☐

Indicate the most recent
monthly report/billing submitted:

If Performance Reports and/or Billings are not up to date please explain why:

Use the space provided below to enter the project status including the goals achieved and project completion date or anticipated project completion date.

B. Project Administered By Your Organization:

Project/Program Name:

Project/Program Address:

El Cajon CDBG Funded? Yes ☐ No ☐ List other funder(s):

Year Funded: Award Amount: \$

Contract Expiration Date: Amt. Spent to Date: \$

Performance Reports and
Monthly Billing Up to Date?
Yes ☐ No ☐

Indicate the most recent
monthly report/billing submitted:

If Performance Reports and/or Billings are not up to date please explain why:

Use the space provided below to enter the project status including the goals achieved and project completion date or anticipated project completion date.

PART VI - AUDIT AND INSURANCE REQUIREMENTS

29. Audit:

In accordance with 2 CFR Part 200, Subpart F, the Federal Government requires that organizations expending **\$750,000 or more** in Federal financial assistance in a fiscal year must have an audit prepared at the end of the fiscal year (referred to the "**Federal Single Audit**"). Agencies that fall into this category must choose one of the three following ways of meeting this requirement and state which method is chosen. Please check the applicable box for this project:

- ☐ If your agency already conducts audits of all its funding sources including CDBG, you must submit a copy of your most recent audit, and may, at your discretion, include the CDBG portion of the audit cost in your CDBG project budget.
- ☐ If your agency already conducts audits of its other funding sources but has neither received nor included CDBG funds in the past, the scope of the audit should be modified to incorporate CDBG audit requirements. The associated audit cost of the addition of CDBG funds could then be included in your CDBG project budget, accompanied by the auditor's written cost estimate.
- ☐ If your agency does not have a current audit process in place, your agency may be required to include a 10% set-aside in the CDBG project budget for the provision of an audit.

30. Insurance:

- A. Please list the amount of your liability insurance coverage and the name and address of your insurance agency.

- B. Please state whether your agency pays all payroll taxes and worker's compensation insurance as required by Federal and State law.

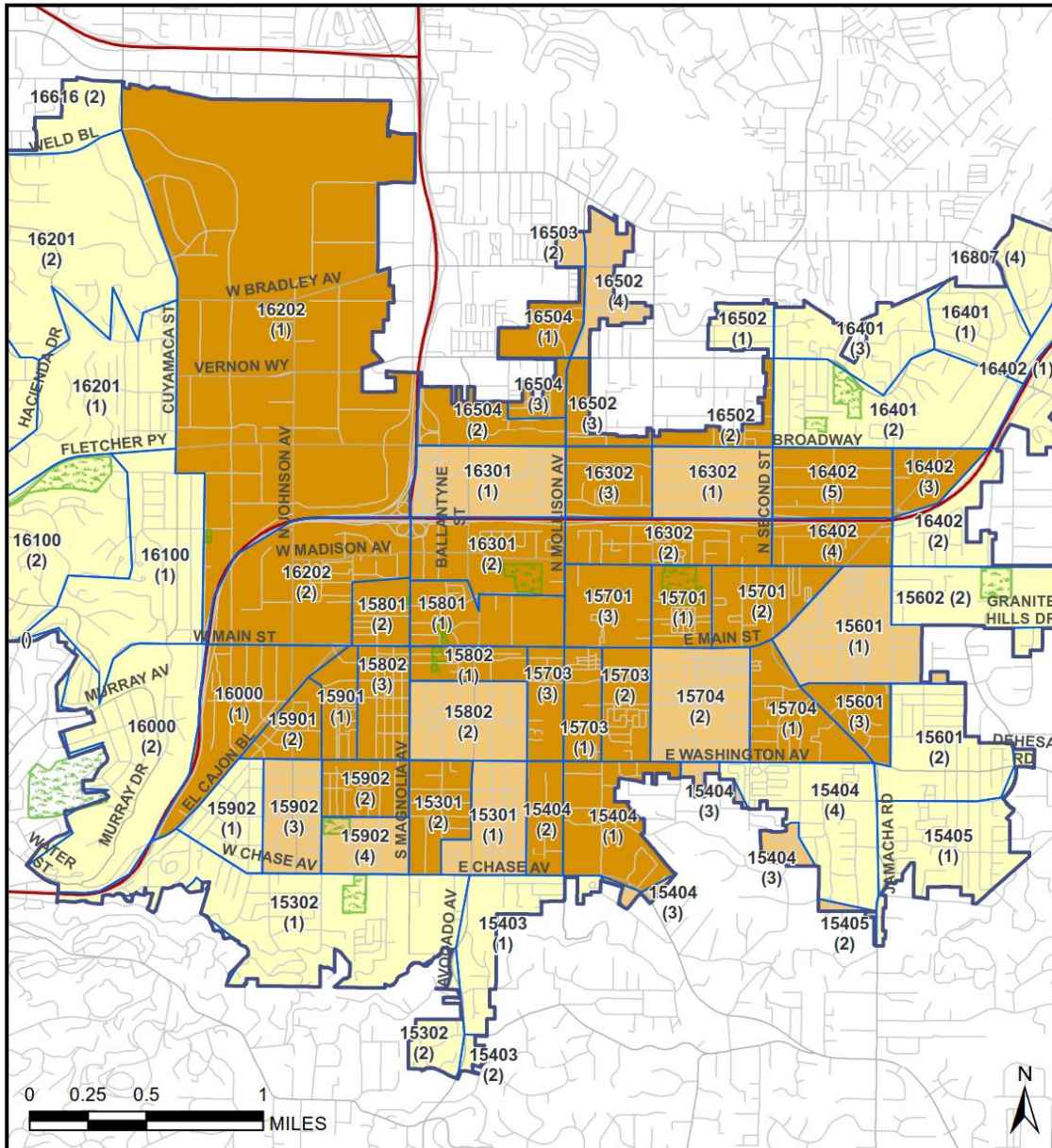
- C. Please state whether your agency has fidelity bond coverage for principal staff who handle your agency's accounts. Yes ☐ No ☐ If so, please indicate the amount of coverage and the insuring agency.

- D. Please list your insurance carrier and whether it is an "admitted" carrier pursuant to the provisions of the California Insurance Code and licensed by the State Insurance Commissioner as a carrier authorized to transact the business of insurance in the State of California and has received a Best's rating of B+ VII or better.

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- E. See further Insurance Requirements (Attachment E of the CDBG Program Guidelines)

ATTACHMENT A – CENSUS TRACT MAP OF LOW AND MODERATE –INCOME AREAS OF THE CITY OF EL CAJON



City of El Cajon Low & Moderate Income Areas Effective April 1, 2019

Source:
<https://www.hudexchange.info/programs/acs-low-mod-summary-data/>

Overall LMI Percentage: 63.97%

Low/Mod Income (LMI) Percent

< 51.0% LMI Population

51.1 - 69.9% LMI Population

> 70.0% LMI Population

El Cajon Municipal

Park

Roads

TABLE A – Project Operating Budget (Public Services Project)

PROJECT TITLE

Date prepared:

Budget Categories	Total Project Cost Estimates	Sources of Funds (please specify)									
		CDBG Funds		Applicant's Funds		1.		2.		3.	
		Amount	Status*	Amount	Status*	Amount	Status*	Amount	Status*	Amount	Status*
Personnel Costs											
Fringe Benefits											
Professional Services											
Rent / Utilities											
Telephone											
Travel/Mileage											
Other: _____											
Other: _____											
Other: _____											
Other: _____											
Totals:											
Total Project Costs:	\$ _____	*C=committed funds; P=application submitted-decision pending; N=funds not yet requested from this source									

Note: If your proposal is funded, **CDBG paid expenditures must be documented with receipts and/or invoices that verify the expense was incurred, as well as check copies and bank statements to verify the invoice was actually paid.** To minimize the amount of documentation, we strongly suggest the CDBG dollars be used to pay for only a few program costs and not spread out over several line items. If CDBG funds are requested to pay for Personnel Services (salaries), **Table B** must be completed to detail the costs for the positions to be funded, and documentation will include payroll records.

TABLE B – Personnel Schedule

(Required only if CDBG funds are proposed to be used to fund personnel/salaries)

PROJECT TITLE

Date prepared:

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This personnel schedule must be completed if you are seeking CDBG funding for Personnel Services costs on **Table A**. Only information on salaried positions should be included on this schedule. Do not include fringe benefits costs on this schedule.

Employee Name/ Position Title	Percentage of job time the position spends on the program ¹	CDBG Funded	Other Funds (Specify)	Total Salary Amount
TOTALS:				

NOTE: THE TOTAL MUST BE THE SAME AS THE SALARIES AMOUNT LISTED ON TABLE A.

¹ Out of 100%, how much of the position funded is spent on the CDBG funded program.

ATTACHMENT B – REQUEST FOR NEPA REVIEW FOR HUD RECIPIENTS



REQUEST FOR NEPA REVIEW FOR HUD RECIPIENTS FOR COMPLIANCE WITH FEDERAL REGISTER 24 CFR PART 58

PROJECT ASSISTANCE CENTER
200 Civic Center Way, El Cajon, CA 92020
Phone: 619-441-1742 | Email: planning@cityofelcajon.us

Project Name: _____

Grant Number: _____

Recipient Agency: _____

DUNS Number: _____

Agency Mailing Address: _____

Project Type: ☐ New Construction ☐ Rehabilitation ☐ Services ☐ Other: _____

Location of Proposed Services: _____

Location of Proposed Project (if different): _____

Assessor Parcel Number: _____ **Number of Dwelling Units:** _____

Project Site Size (if applicable): _____

Number of Staff: _____

Number of Clients: _____

HUD Program (CDBG, HOME, or specify other): _____

Funding Amount Awarded: _____

Is more than one funding year involved? _____

More than one funding source? _____

Total Project Amount (including all sources): _____

Provide Following Attachments:

- ☐ Detailed Project Description
- ☐ Award Letter with Grant Number

Contact Name: _____ **Phone:** _____

Email Address: _____

I certify that the above information is correct, and that I am the property owner, authorized agent of the property owner, or other person having a legal right, interest, or entitlement to the use of the property as described in this request.

Signature: _____ **Date:** _____

An incomplete request will not be processed. Please allow up to 30 calendar days for review for compliance with Federal Register 24 CFR Part 58. Additional processing time and information may be required depending on the determined level of review (Categorical Exclusion, Exemption, Environmental Review, etc.). Submit the request to the Project Assistance Center at City Hall, 200 Civic Center Way, El Cajon, CA 92020, or via email to planning@cityofelcajon.us.

Building & Fire Safety ♦ Code Compliance ♦ Engineering ♦ Housing ♦ Planning
200 Civic Center Way, El Cajon, CA 92020 ♦ cityofelcajon.us